PART B - FEE(S) TRANSMITTAL

	FEB 0 6 2007	her with applicable	or <u>Fax</u>	P.O. Alexa (571)	Box 1450 andria, V -273-288:	irginia 22 5	2313-1450		
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22918 7590 12/12/2006 PERKINS COIE LLP -P.O. BOX 2168 MENLO PARK, CA 94026 P.O. Box 1639 Los Altos, CA 94023					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
06/2007 RFEKADU2 00000048 09960715					Paul L. Hickman (Depositor's name)				
FC:1501 1400.00 UP FC:1504 300.00 UP					Feb	reary	,2	(Signature)	
APPLICATION NO.	TION NO. FILING DATE FIRST NA		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
09/960,715 09/21/2001 Larry Routhenstein 31644-8002.US01 4275 TITLE OF INVENTION: METHOD FOR GENERATING CUSTOMER SECURE CARD NUMBERS									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE F	REV. PAID	ISSUE FEE	TOTAL FEE(S) DU	JE DATE DUE	
nonprovisional	YES	\$700 1,400	\$300		\$0)	\$1090	03/12/2007	
EXAN	AINER	ART UNIT	CLASS-SUBCLASS	3			\$1,70	U	
TAYLOR, A	235-380000								
1. Change of correspond CFR 1.363). Change of corresponders form PTO/S "Fee Address" inc PTO/SB/47; Rev 03- Number is required	(1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name wi	rinting on the patent front page, list names of up to 3 registered patent attorneys s OR, alternatively, name of a single firm (having as a member a did attorney or agent) and the names of up to ered patent attorneys or agents. If no name is on name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) Sissue Fee								deficiency, or credit any	
a. Applicant clain	atus (from status indicate as SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is no						
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Authorized Signature					Date	Feb.	28,516	, 2007	
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an application. Confidents ubmitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, V Igninia 22	diality is governed by 33 diapplication form to the things for reducing this buying inia 22313-1450. DO 313-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR to USPTO. Time will vary riden, should be sent to the DNOT SEND FEES OR Copersons are required to res	depending upon the Chief Information COMPLETED FORM	individ Officer, IS TO	ual case. An U.S. Patent THIS ADDI	ny comment and Traden RESS. SENI	s on the amount of nark Office, U.S. De D TO: Commissione	and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, rol number.	